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Signature) APPLICATION NO. FILING DATE (Date) TOTAL CLAIMS EXAMINER AND GROUP ART UNIT DATE MAILED 09/100,838 06/19/98 015 KWOK, H 2856 07/20/01 First Named MURARI, Applicant 35 USC 154(b) term ext, 0 Days. TITLE OF

HERMETICALLY-SEALED SENSOR WITH A MOVABLE MICROSTRUCTURE INVENTION

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1. Change of correspondence address or India Use of PTO form(s) and Customer Number  Change of correspondence address for the correspondence address for t	cation of "Fee Address" rare recommended, but in Change of Corresponder	(37 CFR 1.363). not required.	2. For print (1) the nam	ina on the catent	Implement list	\$i240.	90	10/22	
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PTO/SB/122) attached.  © "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.			the name of the name and the name altomeys of	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, atternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.		Lisa Jorgenson  E. Russell Tarleton  SEED IP Law Group, PLLC			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for fling an assignment.  (A) NAME OF ASSIGNEE  STM1crlelectronics S.r.1.  (B) RESIDENCE: (CITY & STATE OR COUNTRY)  Agrate Brianza, Italy  Please check the appropriate assignee category indicated below (will not be printed on the patent)  individual \(\overline{\text{X}}\) corporation or other private group entity \(\overline{\text{Q}}\) government				48. The follow of Patents Lissue Fr. Advance  4b. The following DEPOSITA (ENCLOSE) Lissue Fe	e Order • # of Co ng faes or deficie ACCOUNT NUM E AN EXTRA CO	ced (make che	ck payab	le to Commiss	loner
The COMMISSIONER OF PATENTS AND TRA (Authorized Signature)	DEMARKS IS requester	d to apply the Issu	e Fee to the an	Advance	Order • # of Cop	iirs			
NOTE; The Issue Fee will no 02/04/2002 or agent or the assignee or 1 Trademark Office.  D2/04/2002  Burden Hour Statement: This form is estimate depending on the needs of the individual cast to complete this form should be sent to the Office, Washington, D.C. 20231. DO NOT SADDRESS. SEND FEES AND THIS FORM Patents, Washington D.C. 20231  Under the Paperwork Reduction Act of 1995, of information unless it displays a valid OMB	0000010 0000011  seted to take 0.2 hours se. Any comments on to Chief Information Offic SEND FEES OR COMMENTO: Box Issue Fee, A	1 10/ 1 10/ 1 1 10/ 1 1 10/ 1 10 complete. Ting the amount of time cer, Palent and PLETED FORMS.	19/01 142 561 ne will vary ne required Trademark 5 TO THIS ssioner for	\$1,280.00	01/30/200 01/30/200		OF		